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Reply

Response to 'Outcome prediction and reporting in nonconvulsive status epilepticus'*Dear Editor,*

We would like to thank Leitinger et al. for relevant and constructive comments on our article. These are valid objections that we acknowledge as relevant to future readers. We are grateful that they have discovered that we in the methods section on the STESS scoring had given patients older than 65 years one point instead of two points. This was an unfortunate misprint on our part. We have scored patients older than 65 years with two points, as in Rossetti's original articles referred to by Leitinger et al. The results are based on this scoring.

It is correct that we have modified the outcome measure by a combined end point of severe sequelae and fatal outcome compared to the original reports by Rossetti et al. We believe that this modification is to be preferred in our clinical context of nonconvulsive status epilepticus.

In our opinion STESS becomes an even more relevant tool with this modification.

We have reported STESS in retrospect and for a well-defined subgroup of status epilepticus. We focused on investigating whether the negative predictive value was as strong in this context as in the original articles by Rossetti et al. We fully agree with Leitinger et al. that both negative and positive predictive values are important in a prospective and clinical situation.

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